

State of California
 Division of Workers' Compensation - Medical Unit
 Replacement Panel Request-8 Cal. Code of Regulations section 31.5
(Please print or type)

2425340	7173815490	ADJ12031731	02/15/2019
Original panel number (Required)	Claim number (Required)	EAMS number (if a case is filed)	Date of Injury(Required):
Jonathan	Shockley	Requesting Party (Required)	
Employee first name (Required)	Middle Initial	<input checked="" type="checkbox"/> Applicant's Attorney/Injured Worker <input type="checkbox"/> Defense Attorney/Claims Administrator	

Indicate the reason why each QME should be replaced. A list of reasons is included in the instructions to this form. Attach documentation to this form to support the request for a new panel or explain the reason for the request in the space provided below. The failure to adequately document your request may result in your requests being delayed, returned or rejected.

Jorge S. Kim

1. QME Name (Required)

31.5(a)(2)-The QME cannot schedule the exam within 60 or 90 days. Indicate the date of the initial request for an appointment in the space provided.

Reason for Replacement (Required)

Ernest Y. Cheng

2. QME Name

In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Mohan S. Nair

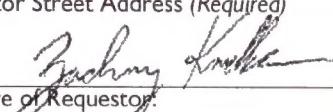
3. QME Name

In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Use this space to provide additional information about your request; attach additional pages as necessary to explain the issues concerning your replacement request. Please attach additional documentation as necessary to support your request. Requests that are either incomplete, inadequately documented or are otherwise incomprehensible will be returned. Please indicate the new address of the injured worker or the workplace zip code where the panel should be issued in the space provided below.

Dr. Jorge S. Kim has no available appointments through the rest of 2019.

07/16/2019	Zachary Kewller	5104442512
Date of Request: (mm/dd/yyyy)	Name of Requestor (Required)	Requestor Phone Number:
333 Hegenberger Rd. Ste 504	Oakland	CA
Requestor Street Address (Required)	Requestor City (Required)	Requestor State (Required)
		Requestor Zip Code (Required)
Signature of Requestor:		

INJURED WORKER INFORMATION

Panel #: 2425340

Date Request Received: 06/06/2019

Date Issued: 06/25/2019

No. of Req:

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Claim No(s): 7173815490

Date(s) of Injury: 02/15/2019

JUN 20 2019

Employer: CARDIONET LLC
 Ins./Adj. Agency: MARIO CASTRO
 CHUBB GROUP LOS ANGELES
 PO BOX 30850
 LOS ANGELES CA 90030

To: IANA ZADNEPROVSKAIA - APP ATTY
 FARBER OAKLAND
 333 HEGENBERGER RD STE 504
 OAKLAND, CA 94621

Employee: JONATHAN SHOCKLEY

SELECTED QUALIFIED MEDICAL EVALUATOR PANEL:

[] PHYSICIAN'S NAME	ERNEST Y. CHENG, DO	
ADDRESS	170 SANTA CLARA AVE STE 101 OAKLAND CA 94610	Tel No.: (800) 858-5447
SPECIALTY	Pain Medicine	
YEARS IN PRACTICE	Fourteen	
PHYSICIAN'S EDUCATION	MIDWESTERN UNIVERSITY ARIZONA COLLEGE, GLENDALE, AZ Degree awarded in 2002	
PHYSICIAN'S TRAINING	ROTATING-MESA GENERAL HOSPITAL, MESA, AZ, 2002-2003 PHYS. MED. & REHAB.-RUSH UNIVERSITY MEDICAL CENTER,CHICAGO,IL,2003-2006	
[] PHYSICIAN'S NAME	MOHAN S. NAIR, MD	
ADDRESS	1101 MARINA VILLAGE PKWY STE 201 ALAMEDA CA 94501	Tel No.: (562) 495-3937
SPECIALTY	Pain Medicine	
YEARS IN PRACTICE	Thirty-Seven	
PHYSICIAN'S EDUCATION	UNIVERSITY OF BOMBAY, BOMBAY INDIA, Degree awarded in 1977	
PHYSICIAN'S TRAINING	SURGERY-SCARED HEART HOSPITAL, ALLENTOWN, PA, 1977-1978 PSYCHIATRY-UNIVERSITY OF CALIFORNIA IRVINE,IRVINE,CA,1978-1981 CHILD PSYCHIATRY-HARVARD UNIVERSITY,BOSTON,MA,1981-1983	
[] PHYSICIAN'S NAME	JORGE S. KIM, MD	
ADDRESS	2000 EMBARCADERO STE 200 OAKLAND CA 94606-5300	Tel No.: (510) 208-4700
SPECIALTY	Pain Medicine	
YEARS IN PRACTICE	Seven	
PHYSICIAN'S EDUCATION	UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MED, SACRAMENTO, CA Degree awarded in 2008	
PHYSICIAN'S TRAINING	PHYS MED & REHAB-UNIVERSITY OF CALIFORNIA DAVIS, SACRAMENTO, CA, 2008-2009 PHYS MED & REHAB-UNIVERSITY OF CALIFORNIA DAVIS,SACRAMENTO,CA,2009-2012	

UAN: Farber Oakland
ERN: 7912453
Ruben Amezquita
(510) 444-2512 x 130
Ruben.amezquita@farberandco.com

PROOF OF SERVICE BY MAIL

I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333 Hegenberger Road Suite 504, Oakland, CA. On July 16, 2019 I served the within:

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5 on the parties listed below in said action by placing a true and correct copy thereof in a sealed
envelope with the required postage therein, fully prepaid, for collection and mailing on the date
6 and at the place shown below following ordinary business practices. I am readily familiar with
this business' practice for collecting and processing correspondence for mailing. On the same
7 day that this correspondence was placed for collection and mailing, it was deposited in the
ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the
8 United States mail at Oakland, CA, addressed as follows:

DWC - Medical Unit
P.O. Box 71010
Oakland, CA 94612

12 Mario Castro
Chubb Group Los Angeles
13 PO Box 30850
Los Angeles, CA 90030

15 James J. Goines
Colantoni Collins San Francisco
16 201 Spear Street, Suite 1100
San Francisco, CA 94105

19 I declare under penalty of perjury under the laws of the State of California that the foregoing is
true and correct. Executed on July 16, 2019 at Oakland, CA.

Maryam
Maria Gavran